DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Guidance for Applicants (GFA) No. TI 02-007
Part I - Programmatic Guidance

Grants to Improve the Quality and Availability of Residential Treatment and its Continuing Care Component for Adolescents

Short Title: Adolescent Residential Treatment

Application Due Date:
June 19, 2002

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director, Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health
Services Administration

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Authority: Section 514 of the Public Health Service Act, as amended and subject to the availability of funds

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of fiscal year 2002 funds for up to 16 grants to enhance and/or expand residential treatment services for youth (aged 21 and under) referred for treatment of a drug or alcohol problem.

Approximately $8.0 million will be available for up to 16 awards. The average annual award is expected to range from $400,000 to $500,000 in total costs (direct and indirect). Awards may be requested for up to 3 years. Annual continuation awards are subject to the continued availability of funds and progress achieved.

Who Can Apply?

Public and domestic private non-profit entities are eligible to apply, including units of State and local government, Native Alaskan entities, Indian tribes and tribal organizations, and community-based organizations, including faith based organizations.

Since SAMHSA/CSAT believes that only existing, experienced, and appropriately credentialed providers with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively, all treatment providers participating in the proposed project must meet three criteria.

- All direct providers of substance abuse treatment services involved in the proposed project – including the applicant organization, if applicable, – **must** have been providing treatment services for adolescents for a minimum of two years prior to the date of this application. Documentation of two years of experience must be provided in **Appendix 1**.

- If the applicant organization is not a direct provider of substance abuse treatment services, the applicant must document (in **Appendix 1)** a commitment from one or more experienced, licensed substance abuse treatment providers to participate in the proposed project. A listing of all substance abuse treatment providers included in the proposed project must also be included in **Appendix 1**.

- All direct providers of substance abuse services involved in the proposed project – including the applicant organization, if applicable, – **must** be in compliance with any and all applicable local, city, county and/or State requirements for licensing, accreditation, and certification and must supply documentation of this in **Appendix 1**. If licensure, accreditation, and/or certification are **not** required by the local, city, county

and/or State, this must also be documented in **Appendix 1.**

Applications will be screened by SAMHSA prior to review. Applications that do not provide supporting documentation listed above in Appendix 1 will not be reviewed.

Application Kit

SAMHSA application kits include the two-part grant announcement (also called the Guidance for Applicants, or "GFA") and the blank form (PHS-5161-1) needed to apply for a grant.

The GFA has two parts:

Part I - provides information specific to the grant or cooperative agreement. It is different for each GFA. **This document is Part I.**

Part II - has general policies and procedures that apply to **all** SAMHSA grant and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- Download the application kit from the SAMHSA web site at www.SAMHSA.gov. Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710**Change the zip code to 20817 if you use express mail or courier service.

Please note:

1) Be sure to type: "TI 02-007- Adolescent Residential Treatment" in Item Number 10 on the face page of the application form.

2) If you require a phone number for delivery, you may use (301) 435-0715**.**

3) Effective immediately, all applications **must** be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Application Dates

Your application must be received by June 19, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier before June 12, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on *program issues*, contact:
Randolph D. Muck, M.Ed.
Public Health Advisor/Team Leader
Center for Substance Abuse Treatment, SAMHSA
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
(301) 443-6574
E-Mail:rmuck@samhsa.gov

For questions on *grants management issues*, contact:

Steve Hudak
Grants Management Officer
Division of Grants Management, SAMHSA
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443- 9666
E-Mail:shudak@samhsa.gov

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as shown by the peer review committee and approved by CSAT's National Advisory Council.

In accordance with the authority for this program, priority will be given to applicants who address all seven of the program activities listed in the "Developing Your Grant Application" section that follows.

2. Availability of funds.

3. Evidence of non-supplantation of funds.

4. It is SAMHSA/CSAT's intent to ensure the broadest distribution of Adolescent Residential Treatment program funds across the United States as possible. Therefore, the number of awards to applicants from any one State may be limited in order to ensure that applicants from States with few or no grant awards will have an opportunity to receive funding for proposed projects deemed worthy of funding via the peer and National Advisory Council review processes.

Program Background

Conservative estimates show that only one out of ten of adolescents in need of substance abuse treatment services receives those services. Because there is a lack of available and affordable residential care, most adolescents receive treatment in outpatient settings. While more adolescent residential treatment availability is needed, the quality of adolescent residential treatment services is mixed. Many treatment programs use adult models of substance abuse treatment for adolescents. Adult models, which do not take into account adolescents' developmental stages and likelihood of co-occurring disorders, are inappropriate for adolescent substance abuse treatment. Adult models also fail to take into account the critical influence of adolescents' family systems in the development, maintenance, and cessation of substance abuse

problems. Increased capacity alone is not sufficient.

Continuing care is a part of all quality substance abuse treatment services. For the purpose of this GFA, continuing care consists of provision of the following services after the adolescent is no longer in residence at the residential treatment program:

< the provision of an individualized treatment plan implemented for each adolescent, based on a comprehensive and ongoing assessment, for continued care in the environment to which the adolescent is discharged/transferred;

< an organizational structure that will ensure that an adolescent will receive whatever kind of care he/she needs regardless of the adolescent's location once discharged or transferred from residential care;

< assurance that the provided services are flexible and tailored to the shifting needs of the adolescent, and his/her family after the residential phase of treatment is completed;

< assurance that the adolescent and his/her family are linked to an integrated network of treatment services and modalities, designed for adolescents moving through treatment and recovery phases.

Without continuing care and successful reintegration to the community following the residential phase of treatment, gains that adolescents make in treatment dissipate quickly. For the purposes of this GFA, reintegration is defined as altering the youth's social environment to support and reinforce abstinence from alcohol and/or other drugs. This may include:

< linking adolescents with other mandated services (e.g., probation);

< advocating for adolescents and/or their families within the complicated service systems in the community (e.g., mental health, primary care, protective services);

< setting up linkages and patient or client advocacy services that include ongoing case management;

< providing services that include home based work;

< providing services designed to help emancipated youth make a successful transition to self-sufficient living.

Evaluation Requirements

The goals of the evaluation component are to:

< obtain data that meet requirements of the Government Performance and Results Act (GPRA); and

< conduct a local evaluation that will be useful to the project.

The applicant's evaluation plan must describe approaches to comply with GPRA requirements and to conduct the local evaluation, and must contain an agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.

To meet evaluation requirements, most applicants will need to allocate 15-20 percent of the budget for evaluation. The percentage depends on the complexity of the evaluation plan and the number of clients proposed to be served through the grant.

Government Performance and Results Act (GPRA)

GPRA mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements, including the collection of CSAT Core Client Outcomes (see Appendix C). Appendix B contains a detailed description of CSAT's GPRA strategy.

Grantees are expected to collect baseline GPRA data at intake on all persons served through the grant, and six and twelve month data post-intake on a minimum of 80% of all clients in the intake sample. Applicants should consider this requirement when preparing the evaluation budget section of the application.

CSAT's GPRA Core Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no substance abuse in the past month; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with the criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments; are attending school; have no or reduced involvement in the juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state when, because of the target population to be served or the type of services to be provided, one or more GPRA outcome domain is inappropriate and will not be addressed.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation should be designed to provide regular feedback to the project to help the project improve services. The local evaluation must incorporate but should not be limited to GPRA requirements. Because different programs will differ in their target populations, services, systems linkages, and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required. In general, the applicant's local evaluation plan should include three major components:

- Implementation fidelity, addressing issues such as: How closely did implementation match the plan? What types of deviation from the plan occurred? What led to the deviations? What impact did the deviations have on planned intervention and

evaluation?

- Process, addressing issues such as: Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) at what cost (facilities, personnel, dollars)?

- Outcome, addressing issues such as: What was the effect of treatment on service participants? What program/contextual factors were associated with outcomes? What client factors were associated with outcomes? How durable were the effects?

Longitudinal client level data to be gathered in the local evaluation should meet the same follow-up rate standard (minimum of 80%) required for GPRA.

CSAT has developed a variety of evaluation tools and guidelines that may assist applicants in the design and implementation of the evaluation. These materials are available for free downloads from:

http://neds.calib.com

Developing Your Grant Application

The purpose of this program is to increase the availability of residential substance abuse treatment services and improve the quality of these services for adolescents. In accordance with the authority for this program, Section 514 of the Public Health Service Act, priority will be given to applicants who propose to:

1. apply evidence-based and cost effective methods for the treatment of substance abuse among children and adolescents;

2. coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

3. provide a continuum of integrated treatment services, including case management, for children and adolescents with substance abuse disorders and their families;

4. provide treatment that is gender-specific and culturally appropriate;

5. involve and work with families of children and adolescents receiving treatment;

6. address the relationship between substance abuse and violence; and

7. provide aftercare services (referred to in this GFA as "continuing care") for children and adolescents and their families after completion of substance abuse treatment.

In addition, applicants must develop/enhance the models to reintegrate adolescents into their environment upon leaving residential treatment programs or to assist youth who have been emancipated or otherwise have "aged out" of adolescent services and must now transition to independent living arrangements in their community.

Applicants may propose to **expand** services, to **enhance** services, or to do both.

1) Service Expansion: An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of adolescents receiving services as a result of the award. For example, if a treatment facility currently admits to services 50 adolescents per year and has a waiting list of 50 adolescents (but no funding to serve these persons), the applicant may propose to expand services capacity to be able to admit some or all of those adolescents on the waiting list. The applicant must demonstrate that any service to be expanded is evidence based. Applicants should state clearly the number of additional adolescents to be served for each year of the proposed grant.

2) Service Enhancement: An applicant may propose to improve **the quality and intensity of services**, for instance, by adding evidence based treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of female adolescents being served by the program.

Applicants proposing to enhance services should indicate the number of clients who will receive the new enhancement services.

An applicant may propose to expand and to enhance services for the defined population. An applicant should make clear when the proposal is to expand services, to enhance services, or to do both.

The Adolescent Residential Treatment program addresses key elements of SAMHSA/CSAT's "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP)." Adolescent Residential Treatment specifically addresses three NTP strategies: Invest for Results, by closing serious gaps in treatment capacity; Build Partnerships, by supporting collaboration among local governments, communities, providers, and stakeholders, and Commit to Quality by ensuring evidence based practices are used. (See Appendix A for information about the NTP.)

Post Award Requirements

1. Grantees must submit **annual** progress reports and applications for continued funding near the end of each grant year.

Specific dates and format will be provided by CSAT.

2. Grantees must collect clinical intake/assessment and follow-up information (including continuing care services), to ensure that the quality of care is maintained. In order to ensure clinically appropriate comprehensive, ongoing, treatment planning and provision, grantees must agree to conduct clinical assessments and follow-up data collection using the Global Assessment of Individual Needs (GAIN) and the GAIN follow-up clinical instrument (GAIN M-90). These instruments can be found and downloaded from the website www.chestnut.org. Use of these instruments at intake for assessment and placement purposes, and for ongoing assessment of progress is required at the same points (at 6 and 12 months post-intake) as the **GPRA** measures. **The GPRA measures are embedded in these instruments to avoid duplication.**

3. Residential care providers must meet the standards for placement, duration and intensity as recommended in CSAT Treatment Improvement Protocol # 32 entitled "Treatment of Adolescents With Substance Abuse Disorders" (available from NCADI at www.health.org, or 1-800-729-6686) and the **ASAM PPC-2R** (Mee-Lee D., Shulman GD, Fishman M., Gastfriend D, eds. ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised) criteria for adolescents at levels III.1, III.5, or III.7 (available from the American Society of Addiction Medicine, P.O. Box 101, Annapolis Junction, MD 20701-0101; telephone: 1-800-844-8948).

4. Grantees are required to attend (and must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. A minimum of five persons are expected to attend from each site. These meetings are expected to be held in the Washington, DC, area. These meetings will be 3 days in duration.

5. During the course of the project, grantees are responsible for ensuring that all direct service providers participating in the project continue to meet all local, city, county, and/or State licensing, certification, or accreditation requirements.

Detailed Information on What to Include in Your Application

In order for your application to be **complete**, it must include the following in the order listed. Check off areas as you complete them for your application.

‘ ***1. FACE PAGE***

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

‘ ***2. ABSTRACT***

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if your project is funded.

‘ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

‘ ***4. BUDGET FORM***

Fill out sections B, C, and E of the Standard Form 424A, which is part of the PHS 5161-1. See Appendix B in Part II of the GFA for instructions.

‘ ***5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION***

The **Project Narrative** describes your project. It consists of Sections A through F. These sections may not be longer than 25 pages total. **Applications exceeding 25 pages for sections A-F will not be reviewed**. More detailed information about Sections A through F follows #10 of this checklist.

- **Section A -** Background

- **Section B** - Treatment Philosophy/Evidence Based Treatment Interventions.

- **Section C -** Continuing Care Component

- **Section D -** Community Reintegration

- **Section E -** Management Plan

- **Section F** - Evaluation Plan

Supporting documentation for your application should be provided in sections G through J. There are no page limits for these sections, except for Section I, the Biographical Sketches/Job Descriptions.

- **Section G-** Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

- **Section H -** Budget Justification, Existing Resources, Other Support

  You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project.

- **Section I**- Biographical Sketches and Job Descriptions

  -- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him/her with his sketch.

  -- Include job descriptions for key personnel. They should not be longer than **1 page**.

  -- ***Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.***

- **Section J**- Confidentiality and Participant Protection.

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES 1 THROUGH 6

- Use only the appendices listed below.

- **Don't** use appendices to extend or replace any of the sections of the Program Narrative unless specifically required in this GFA (reviewers will not consider them if you do).

- **Don't** use more than **15 pages** (plus all instruments) for the appendices.

  Appendix 1: Certification of two years of experience, licensure/accreditation/certification documentation, letters of commitment from one or more experienced, licensed substance abuse treatment providers (if required), and a listing of all substance abuse treatment providers included in the proposed project.

Appendix 2: Letters of Coordination/Support.

Appendix 3: Non-Supplantation of funds letter.

Appendix 4: Letters to Single State Agencies.

Appendix 5: Data Collection Instruments/Interview Protocols.

Appendix 6: Sample Consent Forms.

‘ ***7. ASSURANCES***

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

‘ ***8. CERTIFICATIONS***

See the PHS 5161-1 for instructions.

‘ ***9. DISCLOSURE OF LOBBYING ACTIVITIES***

See Part II of the GFA for lobbying prohibitions.

‘ ***10. CHECKLIST***

See Appendix C in Part II of the GFA for instructions.

Project Narrative/Review Criteria – Sections A Through F - Detailed

Sections A through F are the Project Narrative/Review Criteria part of your application. They describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through F. Sections A through F may not be longer than 25 pages total. **Applications exceeding 25 pages for Sections A through F will not be reviewed.**

Your application will be reviewed against the requirements described below for sections A through F .

C A peer review committee will assign a point value to your application based on how well you address **each** of the following sections.

C The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.

C Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.

C Reviewers will also be looking for cultural competence **in each section** of the Project Narrative. Points will be deducted from applications that do not adequately address the cultural competency aspects of the review criteria. SAMHSA’s guidelines for cultural competence are included in Part II of the GFA.

Section A: Background (15 points)

< Describe the number and demographic characteristics of the youth you currently serve per calendar year. Include cultural, age, language, sexual orientation, disability, literacy, racial/ethnic, and gender considerations, and clinical characteristics,

and justify any exclusions to SAMHSA's Population Inclusion Policy (See Part II of the GFA).

< Describe available resources and why they are insufficient or inappropriate to respond to the demand for increased capacity and/or need for enhanced services.

< Describe the demographics, geographic area, age range and number of clients that will have access to expanded and/or enhanced services through this grant.

< Review recent literature and other information that demonstrate a thorough understanding of the substance abuse issues in your proposed adolescent target population.

< **Section B: <u>Treatment Philosophy/Evidence Based Treatment Interventions</u> (25 points)**

< Describe your program's treatment philosophy.

< Describe how the target population (current clientele, and additional individuals to be provided services through the grant) will be identified, referred, engaged, and retained in treatment.

< Describe your organization's structure and how you ensure that adolescents are continually assessed and matched to the treatment services they need. If needed services do not exist in your organization, describe how these services are accessed for the adolescent.

< Describe how you assess adolescents' level of readiness for change, and how this assessment is incorporated in the treatment process.

< Describe your treatment planning process for adolescents.

< Describe your plans for implementation of indicated treatment interventions, to include all phases of residential care and any other modalities within your organization (e.g., step-down to Intensive Outpatient Services).

< Describe how your proposed services are consistent with program activities numbers1-6 listed above in the section, "**Developing Your Application.**"

[Note: Activity number 7 is addressed below in Section C: Continuing Care Component.]

< Provide documentation/citations for the evidence base of any proposed service enhancements.

< Provide documentation/citations for the evidence base of any current or proposed services to be expanded.

< Describe how your assessment, placement, and duration of treatment of adolescents in your residential treatment program is consistent with TIP 32 and ASAM PPC-II placement criteria for adolescents (Levels III.1, III.5 and III.7).

Section C: <u>Continuing Care Component</u> (10 points)

< Describe your current and/or proposed continuing care component and treatment planning process for adolescents and their

families/care givers for continued care in the environment to which the adolescent is discharged/transferred after the residential phase of treatment.

< Provide evidence that the continuing care model to be expanded and/or the proposed continuing care enhancement maximizes the potential for adolescents to maintain the gains they have made in residential treatment.

< Describe your organization's structure in relation to continuing care, and how the organizational structure supports continuing care and ongoing contact with the adolescent and family/care givers.

< Describe the availability of services that are flexible and tailored to the shifting needs of the adolescent, and their family/care givers, after the residential phase of treatment is completed.

< Describe the network of treatment services available to your treatment program and the adolescents you serve and their families/care givers as they move through the treatment and recovery phases.

Section D: <u>Community Reintegration</u> (10 points)

< Describe how adolescents who leave the residential component of the treatment program are/will be reintegrated into the community (e.g., planning for the lower level of care, plans for returning to previous home, previous community, or new environment) including how adolescents who have become emancipated or have "aged out" of adolescent services will be supported and assisted to transition to independent living in their community.

< Describe how adolescents and their families/or other caregivers are/will be linked with other mandated services (e.g., probation) during the reintegration process.

< Describe how you advocate, or your plans for advocacy for adolescents and/or their families and other caregivers within the complicated service systems in the community (e.g., mental health, protective services) as they reintegrate.

< Describe your ongoing/proposed case management for adolescents during their reintegration to the community.

< Describe the length and activities associated with your current/proposed continued contact with the adolescent and family/or other caregivers during and following reintegration to the community.

< Identify any weaknesses in your current reintegration and/or transition procedures, and, describe how you will address the identified weaknesses and/or gaps by improving/developing/enhancing your reintegration or transition protocols to better serve your target population.

Section E: <u>Management Plan</u> (25 points)

< Present a management plan for the project that describes the organization(s) that will be involved in the project; present their roles in the project; and describe their relevant experience. [Provide biographical sketches and job descriptions for key personnel (current and any changes related to this grant) in Section I.]

< Develop time lines for implementing the

enhancements and/or expansions to your project.

< Discuss your organization's capability to expand and/or enhance services/activities.

< Describe any changes in organizations external to your treatment program that will be made for achieving the purposes of the grant. Provide letters of support from those organizations, indicating their agreement to planned changes in Appendix 2.

< Describe the residential treatment facility and equipment and other available resources and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment is appropriate for the target population.

< Provide documentation that the residential facility has been built and has been approved/certified/licensed for habitation and provision of treatment services.

< Provide evidence that the existing and proposed staff have or will receive training to develop adolescent treatment expertise and cultural sensitivity to provide the required services to the target population.

< Provide evidence of the appropriateness of the proposed staff to the language, age, stage of development, gender, sexual orientation, disability, literacy, and ethnic, racial, and cultural background of the target population.

< Provide a preliminary plan to secure resources or obtain support to insure continuation of the activities at the end of the period of Federal funding.

Section F: <u>Evaluation Plan</u> (15 points)

< Provide measurable goals and objectives for the treatment services in terms of the numbers of individuals to be served, types of services to be provided, and outcomes to be achieved.

< Present a plan for collecting, analyzing, and reporting the information required to document that the grantee's goals and objectives have been reached. This should include a statement of agreement to use, for clinical purposes, the GAIN, and GAIN M-90.

< Describe how the evaluation approaches and instruments are appropriate for the cultures, genders, sexual orientation, literacy, disability, language, ages, and race/ethnicity of the target population.

< Describe how qualitative and quantitative methods will be used in an integrated approach.

< Describe plans and procedures to comply with GPRA requirements, including collection of baseline GPRA data at intake on all persons served through the grant, and six and twelve month data post-intake on a minimum of 80% of all clients in the intake sample.

< Describe prior experience and success (either of the applicant organization or the proposed evaluation team) in conducting follow-up client interviews, and the specific methods proposed to achieve at least an 80 % response rate at 6 and 12 months post intake.

Note: Although the **budget** for the proposed projects is not a review criteria, the Review Group will be asked to comment on the budget appropriateness after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection

The CSAT Director has determined that grants awarded through this announcement must meet SAMHSA Participant Protection Requirements. You must address 7 areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the 7 areas are not relevant to your project, you must document the reasons. No points will be assigned to this section. Your response to this section does not count against the 25 page limit for Sections A-F.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.
- Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your support documentation (Confidentiality and Participant Protection), you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

Ù Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- Explain the reasons for using special types of

participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

Ú Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Û Data Collection

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix 5,** "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments

  and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- State:

- If their participation is voluntary,
- Their right to leave the project at any time without problems,
- Risks from the project,
- Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your **Appendix 6**, titled "Sample Consent Forms." If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

Þ Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** of the GFA in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Coordination with Other Federal/Non-Federal Programs (put documentation in **Appendix 2**)
- Supplantation of Existing Funds (put documentation in **Appendix 3**)
- Letter of Intent
- Single State Agency Coordination (put documentation in **Appendix 4**).
- Intergovernmental Review
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant Protection

Appendix A:

The National Treatment Plan Initiative (NTP)

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation." The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Appendix B: CSAT's GPRA Strategy

Overview

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for

respondents to provide additional input if they so choose.

CSAT's "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPT BG	N.C.
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development SAPT BG - Substance Abuse Prevention and Treatment Block Grant
KA - Knowledge Application TCE - Targeted Capacity Expansion
N.C. - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of

performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OF and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
  (a) were currently employed or engaged in productive activities;
  (b) had a permanent place to live in the community;
  (c) had no/reduced involvement with the criminal justice system.

- Percent increase in
  (a) Alcohol use;
  (b) Marijuana use;
  (c) Cocaine use;
  (d) Amphetamine use
  (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements
-

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

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treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

- Were identified needs met?
- Was service availability improved?
- Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- Percent of adults receiving services increased who:
  a) were currently employed or engaged in productive activities
  b) had a permanent place to live in the community
  c) had reduced involvement with the criminal justice system
  d) had no past month use of illegal drugs or misuse of prescription drugs
  e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance

abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and

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[4]The ratings would include constructs such as adherence to PA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the SNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

and to extend our understanding of the impacts of the activities on the adoption of best practices.

Appendix C: CSAT GPRA Client Outcome Measures for Discretionary Programs

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A. RECORD MANAGEMENT

Client ID |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Contract/Grant ID |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Grant Year |_____|_____|
Year

Interview Date |_____|_____| / |_____|_____| / |_____|_____|

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

1.	**During the past 30 days how many days have you used the following:**		**Number of Days**
	a.	**Any Alcohol**	**|____|____|**
	b.	**Alcohol to intoxication (5+drinks in one setting)**	**|____|____|**
	c.	**Other Illegal Drugs**	**|____|____|**

2.	**During the past 30 days, how many days have you used any of the following:**		**Number of Days**
	a.	**Cocaine/Crack**	**|_____|____|**
	b.	**Marijuana/Hashish, Pot**	**|_____|____|**
	c.	**Heroin or other opiates**	**|_____|____|**
	d.	**Non prescription methadone**	**|____|____|**
	e.	**PCP or other hallucinogens/psychedelics, LSD, Mushrooms, Mescaline.....**	**|____|____|**
	f.	**Methamphetamine or other amphetamines, Uppers**	**|____|____|**

g. **Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics** |____|____|

h. **Inhalants, poppers, rush, whippets** |____|____|

i. **Other Illegal Drugs--Specify_____** |____|____|

3. In the past 30 days have you injected drugs? ○ Yes ○ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital., nursing home, jail/prison)
- ○ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ○ Not enrolled
- ○ Enrolled, full time
- ○ Enrolled, part time
- ○ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

○ Yes ○ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ○ Employed full time (35+ hours per week, or would have been)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, Volunteer work
- ○ Unemployed, Retired
- ○ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…

		INCOME								
a. Wages	$				,				.00
b. Public assistance	$				,				.00
c. Retirement	$				,				.00
d. Disability	$				,				.00
e. Non-legal income	$				,				.00
f. Other_____(Specify)	$				,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. **In the past 30 days, how many times have you been arrested?** |____|____| times

2. **In the past 30 days, how many times have you been arrested for drug-related offenses?** |____|____| times

3. **In the past 30 days, how many nights have you spent in jail/prison?** |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. **How would you rate your overall health right now?**
   - O Excellent
   - O Very good
   - O Good
   - O Fair
   - O Poor

2. **During the past 30 days, did you receive**

a. Inpatient Treatment for:	No	Yes ±	**If yes, altogether** for how many nights (DK=98)
i. Physical complaint	O	O	_____
ii. Mental or emotional difficulties	O	O	_____
iii. Alcohol or substance abuse	O	O	_____

b. Outpatient Treatment for:	No	Yes ±	**If yes, altogether** how many times (DK=98)
i. Physical complaint	O	O	_____
ii. Mental or emotional difficulties	O	O	_____
iii. Alcohol or substance abuse	O	O	_____

c. Emergency Room Treatment for:	No	Yes ±	**If yes, altogether** for how many times (DK=98)
i. Physical complaint	O	O	_____
ii. Mental or emotional difficulties	O	O	_____
iii. Alcohol or substance abuse	O	O	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race? (Select one or more)

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|

Month / Day / Year